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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Radiology Association 1891 Preston White Drive ADDRESS (number and street) Check if different than previously Reston VA 20191 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00343459 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DR Milton Guiberteau Type or Print Name of Treasurer Electronically Filed by DR Milton Guiberteau 05 8 0 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American College of Radiology Association D D " D 03 0 1 2006 0.3 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 331338.52 <sup>°</sup>2006 January 1 (b) Cash on Hand at 466313.09 Begining of Reporting Period ..... 26846.55 189893.03 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 493159.64 521231.55 6(a) and 6(c) for Column B) ..... 51174.33 79246.24 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 441985.31 441985.31 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period:

From:

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2006

то.

М М

<sup>D</sup> 3 1

<sup>Y</sup> 2006

|                            | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------|--|-------------------------------|-----------------------------------|
|                            | ns (other than loans) From:<br>luals/Persons Other     |                               |                                   |
|                            | Political Committees emized (use Schedule A)           | 19816.68                      | 156134.84                         |
| (ii) Uı                    | nitemized  | 6040.51                       | 31441.25                          |
|                            | OTAL (add nes 11(a)(i) and (ii)                        | 25857.19                      | 187576.09                         |
| (b) Politic                | al Party Committees                                    | 0.00                          | 0.00                              |
| (such                      | Political Committees as PACs) Contributions (add Lines | 0.00                          | 0.00                              |
|                            | iii),(b) and (c)) (Carry to Line 33, page 5)           | 25857.19                      | 187576.09                         |
|                            | From Affiliated/Other nittees                          | 0.00                          | 0.00                              |
| 3. All Loans F             | leceived   | 0.00                          | 0.00                              |
|                            | yments Received Operating Expenditures                 | 0.00                          | 0.00                              |
| (Refunds, I<br>(Carry Tota | Rebates, etc.) Ils to Line 37, page 5)                 | 0.00                          | 0.00                              |
| to Federal o               | candidates and Other mmittees                          | 0.00                          | 0.00                              |
| 7. Other Fede (Dividends,  | ral Receipts Interest, etc.)                           | 989.36                        | 2316.94                           |
|                            | from Non-Federal and Levin Funds                       |                               |                                   |
|                            | ederal Account<br>Schedule H3)                         | 0.00                          | 0.00                              |
| (b) Levin F                | unds (from Schedule H5)                                | 0.00                          | 0.00                              |
| (c) Total Ti               | ransfer (add 18(a) and 18(b)).                         | 0.00                          | 0.00                              |
|                            | ipts (add Lines 11(d),<br>15, 16, 17, and 18(c))       | 26846.55                      | 189893.03                         |
| 20. Total Feder            | ral Receipts ne 18(c) from Line 19)                    | 26846.55                      | 189893.03                         |

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

|    | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----|---|-------------------------------|-----------------------------------|
| 1. | Operating Expenditures: (a) Shared Federal/Non-Federal                        |                               |                                   |
|    | Activity (from Schedule H4)   | 0.00                          | 0.00                              |
|    | (i) Federal Share   | 0.00                          | 0.00                              |
|    | (ii) Non-Federal Share  | 0.00                          | 0.00                              |
|    | (b) Other Federal Operating   | 1773.00                       | 1773.00                           |
|    | Expenditures(c) Total Operating Expenditures                                  | 1773.00                       | 1773.00                           |
|    | (add 21(a)(i), (a)(ii) and (b))   | 1773.00                       | 1773.00                           |
| 2. | Transfers to Affiliated/Other Party   | 0.00                          | 0.00                              |
| 3. | Committees Contributions to   | 0.00                          | 0.00                              |
|    | Federal Candidates/Committeesand Other Political Committees                   | 48500.00                      | 75000.00                          |
| 1. | Independent Expenditure   |                               |                                   |
| 5  | (use Schedule E)  | 0.00                          | 0.00                              |
| ,. | Committees (2 U.S.C. 441a(d)) (use Schedule F)                                | 0.00                          | 0.00                              |
| 6. | Loan Repayments Made  | 0.00                          | 0.00                              |
| 7. | Loans Made  | 0.00                          | 0.00                              |
| 3. | Refunds of Contributions To: (a) Individuals/Persons Other                    |                               |                                   |
|    | Than Political Committees   | 0.00                          | 0.00                              |
|    | (b) Political Party Committees  | 0.00                          | 0.00                              |
|    | (c) Other Political Committees  | 0.00                          | 0.00                              |
|    | (such as PACs)(d) Total Contribution Refunds                                  | 0.00                          | 0.00                              |
|    | (add Lines 28(a), (b), and (c))   | 0.00                          | 0.00                              |
| 9. | Other Disbursements   | 901.33                        | 2473.24                           |
| 0. | Federal Election Activity (2 U.S.C 431(20))                                   |                               |                                   |
| ٠. | (a) Shared Federal Election Activity  |                               |                                   |
|    | (from Schedule H6)  | 0.00                          | 0.00                              |
|    | (i) Federal Share   | 0.00                          | 0.00                              |
|    | (ii) "Levin" Share  | 0.00                          | 0.00                              |
|    | (b) Federal Election Activity Paid Entirely With Federal Funds                | 0.00                          | 0.00                              |
|    | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00                          | 0.00                              |
| 1. | Total Disbursements (add Lines 21(c), 22,                                     |                               |                                   |
|    | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                      | 51174.33                      | 79246.24                          |
| 2. | Total Federal Disbursements   |                               |                                   |
|    | (subtract Line 21(a)(ii) from Line 30(a)(ii)                                  | 51174 22                      | 70046.07                          |
|    | from Line 31)   | 51174.33                      | 79246.24                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 25857.19                   | 187576.09                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                       | 0.00                              |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 25857.19                   | 187576.09                         |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1773.00                    | 1773.00                           |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 0.00                              |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 1773.00                    | 1773.00                           |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                           | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 17           |
|-------------------|--|---------------------------|--|---|
| Ar<br>or          | ry information copied from such Reports and Stat<br>for commercial purposes, other than using the na   | ements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American College of Radiology Associat   | ion                       |  |   |
| Α.                | Full Name (Last, First, Middle Initial) DR H Jay Zeskind  Mailing Address 4870 Park Hill Dr  City West Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer Diagnostic Radiology Consultants, PC  Receipt For: Primary General Other (specify) |                           | Zip Code 48323-3574  n ic Radiologist e Year-to-Date ▼ 400.00                | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| 3.                | Full Name (Last, First, Middle Initial) DR H David Clifton Mailing Address 9 Swallow Ln  City Wichita  FEC ID number of contributing federal political committee.  Name of Employer Robert Dole VA Hospital & Center Receipt For: Primary General                                  |                           | Zip Code<br>67230-6619<br>n<br>ic Radiologist<br>e Year-to-Date ▼            | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| <b>-</b> .        | Other (specify)  Full Name (Last, First, Middle Initial) DR Maria Brooks Mailing Address 9643 White Spruce Dr  | 0 0                       | 350.00   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                  |
|                   | City Lakeland  FEC ID number of contributing federal political committee.  Name of Employer  | State TN C                | Zip Code<br>38002-3985   | Transaction ID: 13287127  Amount of Each Receipt this Period  300.00                      |
|                   | Memphis Radiological, P.C.  Receipt For: Primary General Other (specify)   | Diagnost                  | ic Radiologist e Year-to-Date ▼ 300.00                                       |   |
| s                 | UBTOTAL of Receipts This Page (optional)   |                           |  | 1050.00   |
| т                 | OTAL This Period (last page this line number on  | lv)                       |  |   |

| S        | CHEDULE A (FEC Form 3X)   |                      | 11  | FOR LINE NUMBER: PAGE 7 / 29                   |
|----------|---|----------------------|---|--|
|          | · ·   |                      | Use separate schedule(s)<br>or each category of the | (check only one)                               |
| П        | EMIZED RECEIPTS   |                      | Detailed Summary Page                               | X 11a 11b 11c 12                               |
|          |   |                      |   | 13 14 15 16 17                                 |
| Ar       | y information copied from such Reports and States for commercial purposes, other than using the i | atements may         | not be sold or used by any perso                    | on for the purpose of soliciting contributions |
| or       |   | name and add         | iress of any political committee to                 | solicit contributions from such committee.     |
|          | NAME OF COMMITTEE (In Full)   |                      |   |  |
| $\angle$ | American College of Radiology Associa   | ation                |   |  |
| Α.       | Full Name (Last, First, Middle Initial)<br>DR Russell Harvey                                      |                      |   | Date of Receipt                                |
|          | Mailing Address 2736 SW MacVicar Ave  | )                    |   | 03 10 2006                                     |
|          | City  | State                | Zip Code  | Transaction ID: 13287129                       |
|          | Topeka  | KS                   | 66611-1703  | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing federal political committee.  | C                    |   | 1000.00  |
|          | Name of Employer<br>RNM   | Occupation           |   | 7  |
|          |   |                      | ic Radiologist                                      |  |
|          | Receipt For:  | Aggregate            | Year-to-Date ▼                                      |  |
|          | Primary General   | ' '                  | 1000.00   |  |
|          | Other (specify)   | 0 0                  |   |  |
| В.       | Full Name (Last, First, Middle Initial) DR Douglas May  |                      |   | Date of Receipt                                |
|          | Mailing Address 467 Maple Ln  |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|          | City  | State                | Zip Code  | Transaction ID: 13287483                       |
|          | Danville  | VA                   | 24541-3531  | Amount of Each Receipt this Period             |
|          |   |                      | 24041 0001  |  |
|          | FEC ID number of contributing federal political committee.  | C                    |   | 250.00   |
|          | Name of Employer  | Occupation           | 1   |  |
|          | Danville Radiológist Inc  | Diagnosti            | ic Radiologist                                      |  |
|          | Receipt For:  | Aggregate            | Year-to-Date ▼                                      |  |
|          | Primary General   |                      | 250.00  | 1  |
|          | Other (specify)   | 0 0                  | 230.00  |  |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Steven Urbanski  |                      |   | Date of Receipt                                |
|          | Mailing Address 71 Waterside Ln   |                      |   | 03 10 2006                                     |
|          | City  | State                | Zip Code  | Transaction ID: 13287484                       |
|          | West Hartford   | CT                   | 06107-3523  | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing   |                      |   |  |
|          | federal political committee.  | C                    |   | 250.00   |
|          | Name of Employer<br>Jefferson X-Ray Group, PC   | Occupation Diagnosti | n<br>ic Radiologist                                 |  |
|          | Receipt For:  |                      | Year-to-Date ▼                                      |  |
|          | Primary General   | 00 0                 |   | 1  |
|          | Other (specify) ▼   |                      | 250.00  |  |
|          |   |                      |   |  |
|          |   |                      |   | 450000   |
| s        | UBTOTAL of Receipts This Page (optional)  |                      |   | 1500.00  |
| $\vdash$ |   |                      | ·   |  |

| SCHEDULE A (FEC Form 3X)   |                       | Use separate schedule(s)                      | FOR LINE NUMBER: PAGE 8 / 29                  |
|--|-----------------------|---|---|
| ITEMIZED RECEIPTS  |                       | or each category of the Detailed Summary Page | (check only one)  X 11a 11b 11c 12            |
| Any information copied from such Reports and Si                        | tatements may         | <br>y not be sold or used by any perso        | n for the purpose of soliciting contributions |
| or for commercial purposes, other than using the                       | name and add          | dress of any political committee to           | solicit contributions from such committee.    |
| NAME OF COMMITTEE (In Full)  American College of Radiology Association | ation                 |   |   |
| Full Name (Last, First, Middle Initial)  A. DR Brent Wagner            |                       |   | Date of Receipt                               |
| Mailing Address PO Box 16052   |                       |   | 03 / 10 / Y Y Y Y Y                           |
| City   | State                 | Zip Code                                      | Transaction ID: 13288162                      |
| Reading  | PA                    | 19612-6052                                    | Amount of Each Receipt this Period            |
| FEC ID number of contributing federal political committee.             | C                     |   | 1000.00                                       |
| Name of Employer<br>West Reading Radiology As-<br>sociates             | Occupatio<br>Diagnost | n<br>ic Radiologist                           |   |
| Receipt For:   |                       | e Year-to-Date ▼                              |   |
| Primary General Other (specify) ▼                                      | 0 0                   | 1000.00                                       |   |
| Full Name (Last, First, Middle Initial)  3. DR Smita Parikh            |                       |   | Date of Receipt                               |
| Mailing Address 2300 Leland Ridge Wa                                   | lk                    |   | 03 / 10 / Y Y Y Y Y                           |
| City   | State                 | Zip Code                                      | Transaction ID: 13288163                      |
| Saint Louis  | MO                    | 63131-3109                                    | Amount of Each Receipt this Period            |
| FEC ID number of contributing federal political committee.             | С                     |   | 500.00  |
| Name of Employer<br>Scott Radiological Group                           | Occupatio             |   |   |
| Receipt For:   |                       | ic Radiologist<br>e Year-to-Date ▼            |   |
| Primary General  | Aggregate             | F Teal-10-Date V                              | 1   |
| Other (specify) ▼  |                       | 500.00  |   |
| Full Name (Last, First, Middle Initial)  D. DR John Campbell           |                       |   | Date of Receipt                               |
| Mailing Address 1416 Watersedge Dr                                     |                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                 | Zip Code                                      | Transaction ID: 13360336                      |
| Virginia Beach   | VA                    | 23452-6222                                    | Amount of Each Receipt this Period            |
| FEC ID number of contributing federal political committee.             | C                     |   | 66.67   |
| Name of Employer<br>Medical Center Radiologis-                         | Occupatio             |   | 7   |
| ts, Inc.   |                       | ic Radiologist                                | _   |
| Receipt For:  Primary  General   | Aggregate             | e Year-to-Date ▼                              | 1   |
| Other (specify) ▼  |                       | 293.34  |   |
| SUBTOTAL of Receipts This Page (optional)                              |                       |   | 1566.67                                       |
| TOTAL This Period (last page this line number of                       | only)                 |   |   |

|                          | HEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                 | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--------------------------|--|---------------------------------|--|--|
| Any<br>or f              | r information copied from such Reports and Sta<br>or commercial purposes, other than using the n   | tements may<br>ame and add      | not be sold or used by any persodress of any political committee to          | n for the purpose of soliciting contributions                                  |
|                          | NAME OF COMMITTEE (In Full) American College of Radiology Associate  |                                 | •  |  |
| <b>A.</b> :              | Full Name (Last, First, Middle Initial) DR Kirstin Fiona Davis  Mailing Address 1005 Caton Dr  City  Virginia Beach  FEC ID number of contributing federal political committee.  Name of Employer Medical Center Radiologists, Inc  Receipt For:  Primary General  Other (specify) |                                 | Zip Code 23454-3162  n ic Radiologist e Year-to-Date ▼ 255.95                | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| 3. :<br>:<br>:<br>:<br>: | Full Name (Last, First, Middle Initial) DR Yoonah Kim Mailing Address 917 Kings Cross  City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer Medical Center Radiologists, Inc Receipt For: Primary General Other (specify)              |                                 | Zip Code 23452-6230  n ic Radiologist e Year-to-Date ▼ 288.09                | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| C. :                     | Full Name (Last, First, Middle Initial) DR Kip Kang-L Park  Mailing Address  | state VA  C Occupation Diagnost | Zip Code 23502-4008  n ic Radiologist e Year-to-Date ▼                       | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| SU                       | BTOTAL of Receipts This Page (optional)  |                                 |  | 220.83   |
| TC                       | TAL This Period (last page this line number or   | ıly)                            |  |  |

| 21            | CHEDULE A (FEC Form 3X)                                    |             |  | FOR LINE NUMBER: PAGE 10 / 29                                |
|---------------|--|-------------|--|--|
|               |  |             | Use separate schedule(s)                         | (check only one)   |
| IT            | EMIZED RECEIPTS  |             | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12   |
|               |  |             | Detailed Guillinary Fage                         | 13 14 15 16 17   |
| An            | y information copied from such Reports and Sta             | tements may | y not be sold or used by any perso               | on for the purpose of soliciting contributions               |
| or            | for commercial purposes, other than using the na           | ame and add | dress of any political committee to              | solicit contributions from such committee.                   |
| $\overline{}$ | NAME OF COMMITTEE (In Full)                                |             |  |  |
| $\rangle$     | American College of Radiology Associat                     | ion         |  |  |
| ٩.            | Full Name (Last, First, Middle Initial) DR Adam Specht     |             |  | Date of Receipt  |
|               | Mailing Address 3309 Chappell Pl                           |             |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
|               | City   | State       | Zip Code   |  |
|               | Virginia Beach   | VA          | 23452-6290                                       | Transaction ID: 13360397  Amount of Each Receipt this Period |
|               |  | - VA        | 23432-0290                                       | Amount of Each Receipt this Period                           |
|               | FEC ID number of contributing federal political committee. | C           |  | 70.83  |
|               | Name of Employer<br>Medical Center Radiologis-             | Occupation  | n<br>ic Radiologist                              |  |
|               | ts, Inc Receipt For:                                       |             | e Year-to-Date ▼                                 | 1  |
|               | Primary General  | 00 0        |  | 1  |
|               | Other (specify) ▼  |             | 263.09   |  |
| 3.            | Full Name (Last, First, Middle Initial) DR Desencia Thomas |             |  | Date of Receipt  |
|               | Mailing Address 600 Sabal Palm Ln Apt 3                    | 307         |  | M " M   / D " D   / Y " Y " Y " Y                            |
|               | City   | State       | Zip Code   | 03 13 2006   |
|               | City<br>Chesapeake   | VA          | •  | Transaction ID: 13360398                                     |
|               |  | VA          | 23320-1743                                       | Amount of Each Receipt this Period                           |
|               | FEC ID number of contributing federal political committee. | C           |  | 66.67  |
|               | Name of Employer<br>Medical Center Radiologis-             | Occupation  | n  |  |
|               | ts, Inc.   |             | ic Radiologist                                   |  |
|               | Receipt For:   | Aggregate   | e Year-to-Date ▼                                 |  |
|               | Primary General  |             | 213.34   |  |
|               | Other (specify) ▼  | 0 0         |  |  |
| Э.            | Full Name (Last, First, Middle Initial) DR Keith Crow      |             |  | Date of Receipt  |
|               | Mailing Address 20002 Messina                              |             |  | 03 / 13 / 2006   |
|               | City   | State       | Zip Code   | Transaction ID: 13360490                                     |
|               | San Antonio  | TX          | 78258-3180                                       | Amount of Each Receipt this Period                           |
|               | FEC ID number of contributing federal political committee. | C           |  | 1000.00  |
|               | Name of Employer   | Occupation  | n  | ┪  |
|               | South Texas Rádiology Gro-<br>up, P.A.                     |             | ic Radiologist                                   |  |
|               | Receipt For:   | Aggregate   | e Year-to-Date ▼                                 |  |
|               | Primary General  | 1 1         | 1000.00  | 1  |
|               | Other (specify) ▼  |             | 1000.00  |  |
| S             | UBTOTAL of Receipts This Page (optional)                   |             |  | 1137.50  |
|               |  |             | •  | -  |
| T             | OTAL This Period (last page this line number or            | ıly)        |  |  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |  | Use separate schedule(s) or each category of the  | FOR LINE NUMBER: PAGE 11 / 29 (check only one)  X 11a 11b 11c 12                           |
|-------------------|---|--|---|--|
|                   |   |  | Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$                                     |
| An<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n   | tements may<br>ame and add   | not be sold or used by any persodress of any political committee to                                     | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full)   |  |   |  |
| $\rangle$         | American College of Radiology Associa   | tion   |   |  |
| ۸.                | Full Name (Last, First, Middle Initial)<br>DR David Golden  |  |   | Date of Receipt  |
|                   | Mailing Address 411 Happy Trail   |  |   | 03 / 13 / Y Y Y Y Y Y  |
|                   | City  | State  | Zip Code  | Transaction ID: 13360491   |
|                   | San Antonio   | TX   | 78231-1440  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | C  |   | 1000.00  |
|                   | Name of Employer<br>South Texas Radiology Gro-<br>up  | Occupation Diagnost  | n<br>ic Radiologist   |  |
|                   | Receipt For:  | Aggregate  | e Year-to-Date ▼  |  |
|                   | Primary General Other (specify) ▼   |  | 1000.00   |  |
| 3.                | Full Name (Last, First, Middle Initial) DR Carl Hardin  |  |   | Date of Receipt  |
|                   | Mailing Address South Texas Radiology 8401 Datapoint Dr Ste 6   |  |   | 03 / 13 / 2006   |
|                   | City  | State  | Zip Code  | Transaction ID: 13360493   |
|                   | San Antonio   | TX   | 78229-5907  | Amount of Each Receipt this Period   |
|                   |   |  | 70220 0007  | 7 thought of Each Fleedigt this Ferrod   |
|                   | FEC ID number of contributing federal political committee.  | C  | 1 1 1 1 1   | 1000.00  |
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|                   | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group  | C Occupation Diagnost  | n<br>ic Radiologist   |  |
|                   | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Gro-   | C Occupation Diagnost  | n<br>ic Radiologist<br>e Year-to-Date ▼   |  |
|                   | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:   | C Occupation Diagnost  | n<br>ic Radiologist   |  |
|                   | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General  | C Occupation Diagnost  | n<br>ic Radiologist<br>e Year-to-Date ▼   |  |
| —<br>C.           | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) DR Mark Healy Mailing Address 207 Blackjack Oak   | C Occupation Diagnost Aggregate  | n<br>ic Radiologist<br>e Year-to-Date ▼<br>1000.00  | Date of Receipt    M   |
| <b></b>           | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) DR Mark Healy  Mailing Address 207 Blackjack Oak  City  | Occupation<br>Diagnost<br>Aggregate                                      | n ic Radiologist  e Year-to-Date ▼  1000.00  Zip Code   | Date of Receipt    M   M   D   D   2 0 0 6   |
| <b>-</b> .        | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)  DR Mark Healy  Mailing Address 207 Blackjack Oak  City  San Antonio   | Occupation<br>Diagnost<br>Aggregate                                      | n<br>ic Radiologist<br>e Year-to-Date ▼<br>1000.00  | Date of Receipt    M   |
| <b>C</b> .        | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial) DR Mark Healy  Mailing Address 207 Blackjack Oak  City San Antonio  FEC ID number of contributing federal political committee.   | C Occupation Diagnost Aggregate State TX                                 | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617   | Date of Receipt    M   M   D   D   2 0 0 6   |
| <b>D.</b>         | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) DR Mark Healy Mailing Address 207 Blackjack Oak  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Gro-  | C Cccupation Diagnost Aggregate State TX C                               | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| <b>C</b> .        | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)  DR Mark Healy  Mailing Address 207 Blackjack Oak  City  San Antonio  FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group, P.A.                               | C C C C C C C C C C C C C C C C C C C                                    | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| <b>C</b> .        | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) DR Mark Healy Mailing Address 207 Blackjack Oak  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Gro-  | C C C C C C C C C C C C C C C C C C C                                    | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617  ic Radiologist e Year-to-Date ▼          | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| <b>C</b> .        | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)  DR Mark Healy  Mailing Address 207 Blackjack Oak  City  San Antonio  FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group, P.A.  Receipt For:                 | C C C C C C C C C C C C C C C C C C C                                    | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| S.                | FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR Mark Healy  Mailing Address 207 Blackjack Oak  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer South Texas Radiology Group, P.A.  Receipt For:  Primary General | C C Cocupation Diagnost Aggregate TX C C C Cocupation Diagnost Aggregate | ic Radiologist e Year-to-Date ▼  1000.00  Zip Code 78230-5617  ic Radiologist e Year-to-Date ▼  1000.00 | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |            | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 29 (check only one)  X 11a 11b 11c 12 15 16 17                |
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| An<br>or             | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                           | ements may | y not be sold or used by any persodress of any political committee to        | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associati   | ion        |  |  |
| <b>A</b> .           | Full Name (Last, First, Middle Initial) DR Joseph P. Miller  Mailing Address South Texas Radiology C 7950 Floyd Curl Dr Ste S |            |  | Date of Receipt  0 3   |
|                      | City  | State      | Zip Code   | Transaction ID: 13360495   |
|                      | San Antonio FEC ID number of contributing federal political committee.  | C          | 78229-3919   | Amount of Each Receipt this Period  333.34   |
|                      | Name of Employer South Texas Radiology Gro- up Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼                          |            | n<br>ic Radiologist<br>e Year-to-Date ▼                                      |  |
| 3.                   | Full Name (Last, First, Middle Initial) DR John Stoll Mailing Address 110 Cherokee Ln   |            |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
|                      | City  | State      | Zip Code   | Transaction ID: 13360537   |
|                      | San Antonio FEC ID number of contributing federal political committee.  | C          | 78232-2902   | Amount of Each Receipt this Period 1000.00   |
|                      | Name of Employer<br>South TX Radiology Group  |            | ic Radiologist   |  |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>1000.00  |  |
| <b>)</b> .           | Full Name (Last, First, Middle Initial) DR Alvin Thaggard, III  |            |  | Date of Receipt  |
|                      | Mailing Address 104 Cross Ln  |            |  | 03 13 2006   |
|                      | City  | State      | Zip Code   | Transaction ID: 13360538   |
|                      | San Antonio  FEC ID number of contributing federal political committee.   | C          | 78209-5909   | Amount of Each Receipt this Period  1000.00  |
|                      | Name of Employer<br>South Texas Radiology Gro-<br>up, P.A.  |            | ic Radiologist   |  |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>1000.00  |  |
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| S             | CHEDULE A (FEC Form 3X)  |                           | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 13 / 29  |
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| $\overline{}$ | NAME OF COMMITTEE (In Full)  |                           | • •   |  |
| $\rangle$     | American College of Radiology Association  | ion                       |   |  |
| ۹.            | Full Name (Last, First, Middle Initial)<br>DR Michael Mazza  |                           |   | Date of Receipt  |
|               | Mailing Address 1102 Lariat Loop Apt 20  | 1                         |   | 03 15 2006   |
|               | City   | State                     | Zip Code  | Transaction ID: 13407201   |
|               | Ann Arbor  | MI                        | 48108-2493  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.   | C                         |   | 250.00   |
|               | Name of Employer<br>MCP Hahnemann Univ Hospit-   | Occupation                |   | 7  |
|               | <u>al</u>  |                           | ic Radiologist  | $\dashv$   |
|               | Receipt For: Primary General   | Aggregate                 | e Year-to-Date ▼  |  |
|               | Other (specify)  |                           | 250.00  |  |
| 3.            | Full Name (Last, First, Middle Initial) DR Gerald Roth   |                           |   | Date of Receipt  |
|               | Mailing Address 2633 Basil Ln  |                           |   | 03 / 27 / 2006   |
|               | City   | State                     | Zip Code  | Transaction ID: 13482953   |
|               | Los Angeles  | CA                        | 90077-2005  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.   | С                         |   | 250.00   |
|               | Name of Employer<br>Tower Imaging  | Occupation                |   |  |
|               | Receipt For:   |                           | ic Radiologist<br>e Year-to-Date ▼                                  | -  |
|               | Primary General  | riggregate                |   |  |
|               | Other (specify) ▼  | 0 0                       | 250.00  |  |
| <del></del>   | Full Name (Last, First, Middle Initial) DR Richard Duszak, JR  |                           |   | Date of Receipt  |
|               | Mailing Address West Reading Radiology PO Box 16052  | Assoc                     |   | 03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|               | City   | State                     | Zip Code  | Transaction ID: 13483198   |
|               | Reading  | PA                        | 19612-6052  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.   | C                         |   | 1000.00  |
|               | Name of Employer<br>West Reading Radiology As-   | Occupation                |   | 7  |
|               | sociates   |                           | ic Radiologist  | $\dashv$   |
|               | Receipt For: Primary General   | Aggregate                 | e Year-to-Date ▼  |  |
|               | Other (specify)  |                           | 1000.00   |  |
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| SCHEDULE A (FEC Form 3X) |   |                          | Use separate schedule(s) or each category of the                   | FOR LINE NUMBER: PAGE 14 / 29 (check only one)  |
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| 11                       | EMIZED RECEIPTS   |                          | Detailed Summary Page  | X 11a 11b 11c 12<br>13 14 15 16 17  |
| An<br>or                 | ny information copied from such Reports and State for commercial purposes, other than using the nar | ements may<br>me and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$     | NAME OF COMMITTEE (In Full) American College of Radiology Association                               | on                       |  |   |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>DR Carol Rumack  |                          |  | Date of Receipt   |
|                          | Mailing Address UCD-HSC 4200 E 9th Ave C293   |                          |  | 03 27 2006  |
|                          | City<br>Denver  | State<br>CO              | Zip Code   | Transaction ID: 13483199  |
|                          | FEC ID number of contributing federal political committee.  | C                        | 80262-0001   | Amount of Each Receipt this Period  2500.00   |
|                          | University of Colorado Cobool   |                          | c Radiologist<br>Year-to-Date ▼<br>2500.00                         |   |
| 3.                       | Full Name (Last, First, Middle Initial) DR Patricia Delzell Mailing Address 1120 W Bennett Ct       |                          |  | Date of Receipt   |
|                          |   | <b></b>                  | 7.0.1  | 03 27 2006  |
|                          | City<br>Dunlap  | State<br>IL              | Zip Code<br>61525-9354   | Transaction ID: 13483200  Amount of Each Receipt this Period                              |
|                          | FEC ID number of contributing federal political committee.  | C                        |  | 250.00  |
|                          | Idenendent Imaging of Cen-  |                          | c Radiologist<br>Year-to-Date ▼                                    |   |
| —<br>Э.                  | Full Name (Last, First, Middle Initial) DR W Phil Evans, III  |                          |  | Date of Receipt   |
|                          | Mailing Address UT Southwestern Medical 5323 Harry Hines Blvd                                       | l Ctr                    |  | 03 / 27 / 2006  |
|                          | City Dallas   | State<br>TX              | Zip Code<br>75390-0001   | Transaction ID: 13483201  |
|                          | FEC ID number of contributing federal political committee.  | C                        | 7339-0001  | Amount of Each Receipt this Period  250.00  |
|                          | Univ of TV Southwestern   |                          | c Radiologist<br>Year-to-Date ▼<br>250.00                          |   |
| s                        | UBTOTAL of Receipts This Page (optional)  |                          |  | 3000.00   |
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| 51         | CHEDULE A (FEC Form 3X)                                    |                      | Use separate schedule(s)            | (check only one)                             |
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| or         | for commercial purposes, other than using the              | name and add         | dress of any political committee to | o solicit contributions from such committee. |
|            | NAME OF COMMITTEE (In Full)                                |                      |                                     |  |
| $ \rangle$ | American College of Radiology Associa                      | ation                |                                     |  |
| _          | Full Name (Last, First, Middle Initial)                    |                      |                                     |  |
| Α.         | DR Robert Harris   |                      |                                     | Date of Receipt                              |
|            | Mailing Address 35 Goodfellow Rd                           |                      |                                     | 03 29 2006                                   |
|            | City   | State                | Zip Code                            | Transaction ID: 13533025                     |
|            | Hanover  | NH                   | 03755-4803                          | Amount of Each Receipt this Period           |
|            | FEC ID number of contributing federal political committee. | C                    |                                     | 300.00                                       |
|            | Name of Employer<br>Dartmouth-Hitchcock Med<br>Ctr         | Occupation Diagnosti | n<br>ic Radiologist                 |  |
|            | Receipt For:   | Aggregate            | e Year-to-Date ▼                    |  |
|            | Primary General  |                      | 300.00                              | 1  |
|            | Other (specify)  | 0 0                  | 000.00                              |  |
| —<br>В.    | Full Name (Last, First, Middle Initial) DR Salil Parikh    |                      |                                     | Date of Receipt                              |
|            | Mailing Address 9477 Johnson Rd Ext                        |                      |                                     | M M / D D / Y Y Y Y                          |
|            | -  |                      |                                     | 03 29 2006                                   |
|            | City   | State                | Zip Code                            | Transaction ID: 13533082                     |
|            | Germantown   | TN                   | 38139-3603                          | Amount of Each Receipt this Period           |
|            | FEC ID number of contributing federal political committee. | С                    |                                     | 250.00                                       |
|            | Name of Employer<br>Radiology Assoc of Ocala               | Occupation           | ı                                   |  |
|            |  |                      | ic Radiologist                      |  |
|            | Receipt For:   | Aggregate            | e Year-to-Date ▼                    |  |
|            | Primary General Other (specify) ▼                          |                      | 250.00                              |  |
|            | Other (specify)  | 0 0                  |                                     | 1  |
| <u> </u>   | Full Name (Last, First, Middle Initial) DR Kevin Quinn     |                      |                                     | Date of Receipt                              |
|            | Mailing Address 69 McAfee Farm Rd                          |                      |                                     | M M / D D / Y Y Y Y                          |
|            |  |                      |                                     | 03 29 2006                                   |
|            | City   | State                | Zip Code                            | Transaction ID: 13535546                     |
|            | Bedford  | NH                   | 03110-4655                          | Amount of Each Receipt this Period           |
|            | FEC ID number of contributing federal political committee. | C                    |                                     | 250.00                                       |
|            | Name of Employer<br>SNHRC                                  |                      | ic Radiologist                      |  |
|            | Receipt For:   | Aggregate            | Year-to-Date ▼                      |  |
|            | Primary General  |                      | 250.00                              | 11   |
|            | Other (specify)  |                      | 250.00                              |  |
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|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                           | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 29 (check only one)  X 11a 11b 11c 12 12 13 14 15 16 17                       |
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| Ar<br>or          | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na   | ements may<br>ame and add | not be sold or used by any persodress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee.                |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American College of Radiology Associati   | ion                       |  |  |
| Α.                | Full Name (Last, First, Middle Initial) DR Irena Tocino  Mailing Address 24 Wakefield Rd  City Branford  FEC ID number of contributing federal political committee.  Name of Employer Yale University School of Med  Receipt For: Primary General Other (specify)                         |                           | Zip Code 06405-5033  n ic Radiologist e Year-to-Date ▼ 250.00          | Date of Receipt  M M M / 29 / 2006  Transaction ID: 13535549  Amount of Each Receipt this Period  250.00 |
| 3.                | Full Name (Last, First, Middle Initial) DR Elizabeth D'Angelo Mailing Address 108 Bur Ben Ln  City New Bern  FEC ID number of contributing federal political committee.  Name of Employer Coastal Radiology  Receipt For: Primary General Other (specify)                                 |                           | Zip Code 28560-7520  n ic Radiologist Year-to-Date ▼ 300.00            | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>         | Full Name (Last, First, Middle Initial) DR David Marcantonio  Mailing Address Georgia West Imaging 119 Maple St Ste 205  City Carrollton  FEC ID number of contributing federal political committee.  Name of Employer Georgia West Imaging  Receipt For: Primary General Other (specify) |                           | Zip Code 30117-3259  n ic Radiologist e Year-to-Date ▼ 300.00          | Date of Receipt  M M A 2006  Transaction ID: 13590001  Amount of Each Receipt this Period  100.00        |
| s                 | UBTOTAL of Receipts This Page (optional)  |                           | <b></b>  | 450.00   |
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| S           | CHEDULE A (FEC Form 3X)  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 17 / 29   |  |  |  |  |  |
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| Ar<br>or    | ny information copied from such Reports and Star<br>for commercial purposes, other than using the na | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                            |   |   |  |  |  |  |  |
| $\rangle$   | American College of Radiology Associat   | tion                       |   |   |  |  |  |  |  |
| Α.          | Full Name (Last, First, Middle Initial)<br>DR Terry Martin   |                            |   | Date of Receipt   |  |  |  |  |  |
|             | Mailing Address Rad Assoc of Biirmingha<br>2090 Columbiana Rd Sto                                    |                            |   | 03 / 00 / 2006  |  |  |  |  |  |
|             | City   | State                      | Zip Code  | Transaction ID: 13590005  |  |  |  |  |  |
|             | Birmingham   | AL                         | 35216-2152  | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | C                          |   | 100.00  |  |  |  |  |  |
|             | Name of Employer<br>Rad Assoc of Biirmingham<br>PC   | Occupation                 | n<br>ic Radiologist   | 7   |  |  |  |  |  |
|             | Receipt For:   |                            | e Year-to-Date ▼  |   |  |  |  |  |  |
|             | Primary General  |                            |   | 1   |  |  |  |  |  |
|             | Other (specify) ▼  | 0 0                        | 300.00  | ]   |  |  |  |  |  |
| В.          | Full Name (Last, First, Middle Initial) DR Demetrius Morros  |                            |   | Date of Receipt   |  |  |  |  |  |
|             | Mailing Address 1045 Lake Colony Ln  |                            |   | 03 30 2006  |  |  |  |  |  |
|             | City   | State                      | Zip Code  | Transaction ID: 13590507  |  |  |  |  |  |
|             | Birmingham   | AL                         | 35242-7402  | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | C                          |   | 75.00   |  |  |  |  |  |
|             | Name of Employer<br>Birmingham Radiological  | Occupation                 |   | 7   |  |  |  |  |  |
|             | Group P.C.   |                            | ic Radiologist  |   |  |  |  |  |  |
|             | Receipt For: Primary General   | Aggregate                  | e Year-to-Date ▼  | _   |  |  |  |  |  |
|             | Other (specify) ▼  |                            | 225.00  |   |  |  |  |  |  |
| <u> </u>    | Full Name (Last, First, Middle Initial) DR Alfred Mansour, JR  |                            |   | Date of Receipt   |  |  |  |  |  |
|             | Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A   |                            |   | 03 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |  |
|             | City   | State                      | Zip Code  | Transaction ID: 13590793  |  |  |  |  |  |
|             | Alexandria   | LA                         | 71301-3606  | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   |                            | 83.34   |   |  |  |  |  |  |
|             | Name of Employer<br>Central LA Imaging Inc.  | n<br>ic Radiologist        |   |   |  |  |  |  |  |
|             | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |  |  |  |  |  |
|             | Primary General Other (specify) ▼  | 0 0                        | 250.02  | ]   |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |                            |   | 258.34  |  |  |  |  |  |
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Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X)

PAGE 18/29 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) DR William Thorwarth, JR Date of Receipt Mailing Address Catawba Radiological Assoc 03 3 1 2006 PO Box 308 City State Zip Code Transaction ID: 13686821 Hickory NC 28603-0308 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C federal political committee. Name of Employer Catawba Radiological Asso-Occupation Diagnostic Radiologist ciates Receipt For: Aggregate Year-to-Date ▼ General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. DR P Shekar Date of Receipt Mailing Address 1087 Blackwolf Ct 03 31 2006 City State Zip Code Transaction ID: 13686824 Fairview Heights IL 62208-4522 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self-Employed Occupation Diagnostic Radiologist Aggregate Year-to-Date V Receipt For:

500.00

| SUBTOTAL of Receipts This Page (optional)           | •        | 3000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 19816.68 |

### S

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) or each category of the Detailed Summary Page                           | FOR LINE NUMBER: PAGE 19 / 29 (check only one)  11a 11b 11c 12 13 14 15 16 17            |
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| Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may not be sold or used by any person<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American College of Radiology Associa                                   | ation  |  |
| Full Name (Last, First, Middle Initial)  Vanguard  Mailing Address PO Box 13750                     |  | Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City  | State Zip Code   | Transaction ID: 13911397   |
| Philadelphia FEC ID number of contributing federal political committee.                             | PA 19101   | Amount of Each Receipt this Period 989.36  |
| Name of Employer  Receipt For:  | Occupation  Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 2316.94  | Interest   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 989.36 |
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| S  | CHEDULE B (FEC Form 3X)   | Use seperate schedule(s)                          |                   | NUMBER: PAGE 20 / 29                       |
| IT | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check onl        | ly one)  22 23 24 25 26 28a 28b 28c 29 30b |
|    | y Information copied from such Reports and Stat<br>for commercial purposes, other than using the na |   |                   |  |
| \  | NAME OF COMMITTEE (In Full)   |   |                   |  |
|    | American College of Radiology Associat  | on  |                   |  |
|    | Full Name (Last, First, Middle Initial)   |   |                   | Transaction ID: 13454464                   |
| ۹. | Bank of America   |   |                   | Date of Disbursement                       |
|    | Mailing Address P.O. Box 27025  |   |                   | 03   |
|    | City<br>Richmond  | State Zip Code<br>VA 23261-7025                   |                   | Amount of Each Disbursement this Period    |
|    | Purpose of Disbursement<br>Federal Taxes  |   | 001               | 1773.00                                    |
|    | Candidate Name  |   | Category/<br>Type |  |
|    | Office Sought: House Disbut Senate President  | sement For:  Primary General  Other (specify) ▼   |                   | Federal Taxes                              |
|    | State: District:  |   |                   |  |

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| SUBTOTAL of Disbursements This Page (optional)      |   |         |     |
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| TOTAL This Period (last page this line number only) | • | 1773.00 | ס ַ |

|   | Use seperate schedule(s)                          |      | check or      |          |         |            | PA        | AGE  | 21/2     | :9   |           |
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| TEMIZED DISBURSEMENTS                                   | for each category of the<br>Detailed Summary Page | ŀ    | 21b<br>27     | <u></u>  | ´ —     | 23<br>28b  | 24<br>28c | Н    | 25<br>29 | П    | 26<br>30b |
| Any Information copied from such Reports and Stat       |   |      |               |          |         |            |           |      |          | 5    |           |
| or for commercial purposes, other than using the na     | me and address of any political c                 | omm  | ittee to s    | olicit c | ontribu | utions fro | om such   | comn | nittee   |      |           |
| NAME OF COMMITTEE (In Full)                             |   |      |               |          |         |            |           |      |          |      |           |
| / American College of Radiology Associat                | ion   |      |               |          |         |            |           |      |          |      |           |
| Full Name (Last, First, Middle Initial)                 |   |      |               | Tı       | ansac   | tion ID:   | 134542    | 278  |          |      |           |
| Nathan Deal For Congress                                |   |      |               | D        | ate of  | Disburse   | ement     | v v  | V .      | V    |           |
| Mailing Address PO Box 902                              |   |      |               |          | 0,3     | 0          | 1 '       | 2    | 0 Ď 6    |      |           |
| City<br>Gainesville                                     | State Zip Code<br>GA 30503                        |      |               | А        | mount   | of Each    | Disburse  | emen | t this P | erio | t         |
| Purpose of Disbursement                                 | GA 30503  |      |               | - [      |         |            |           | 2    | 2000.0   | 00   | ٦         |
| i dipose di Disbuisement                                |   | 0    | 11            |          |         |            |           |      |          | -    |           |
| Candidate Name<br>Rep. Nathan Deal                      | '   |      | egory/<br>vpe |          |         |            |           |      |          |      |           |
| -   | rsement For: 2006                                 |      |               |          |         |            |           |      |          |      |           |
| Senate<br>President                                     | Primary X General Other (specify) ▼               |      |               |          |         |            |           |      |          |      |           |
| State: GA District: 10                                  | Other (specify)                                   |      |               |          |         |            |           |      |          |      |           |
| Full Name (Last, First, Middle Initial)                 |   |      |               | Т        | ansac   | tion ID:   | 134542    | 76   |          |      |           |
| 3. Hulshof For Congress - District 09 Misso             | puri  |      |               | D        | ate of  | Disburse   | ement     |      | Y        | Υ    |           |
| Mailing Address PO Box 1621                             |   |      |               |          | ) 3 M   | 0          | D /       | 2    | 0 0 6    |      |           |
| City<br>Columbia  | State Zip Code<br>MO 65205                        |      |               | A        | mount   | of Each    | Disburse  | emen | t this P | erio | t         |
| Purpose of Disbursement                                 |   | 0    | 11            | ] L      |         |            |           | . 5  | 0.000    | 00   | _         |
| Candidate Name<br>Rep. Kenny C. Hulshof                 | '   | Cate | egory/<br>/pe |          |         |            |           |      |          |      |           |
| Office Sought: X House Disbu                            | rsement For: 2006                                 |      |               |          |         |            |           |      |          |      |           |
| Senate  | Primary X General                                 |      |               |          |         |            |           |      |          |      |           |
| State: MO District: 9                                   | Other (specify) ▼                                 |      |               |          |         |            |           |      |          |      |           |
| Full Name (Last, First, Middle Initial)                 |   |      |               | Tı       | ansac   | tion ID:   | 134542    | 279  |          |      |           |
| Sue Myrick For Congress                                 |   |      |               | D        |         | Disburse   | ement     |      | * W *    | V    |           |
| Mailing Address P.O. Box 37091                          |   |      |               |          | ) 3 M   | 0          | 2 /       | ž    | 0 0 6    | Y    |           |
| City<br>Charlotte                                       | State Zip Code<br>NC 28237                        |      |               | A        | mount   | of Each    | Disburse  | emen | t this P | erio | t         |
| Purpose of Disbursement                                 | 20207   | -    | -             |          |         |            |           | 3    | 3000.0   | 00   |           |
| Candidate Name<br>Rep. Sue Wilkins Myrick               |   | Cate | 11<br>egory/  |          |         |            |           |      |          |      |           |
|   | rsement For: 2006                                 | 1)   | /pe           |          |         |            |           |      |          |      |           |
| Senate President  | Primary X General Other (specify)                 |      |               |          |         |            |           |      |          |      |           |
| State: NC District: 9                                   |   |      |               |          |         |            |           |      |          |      |           |
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|                         | ENIZED DISDUDOFMENTS   | Use seperate schedule(s                        | )        | (check o        |           |                    | •                          | [ F.              | AGE  | 22   2   | 3    |           |
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| ıΓ                      | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page |          | 21b<br>27       |           |                    | X 23<br>28b                | 24<br>28c         | F    | 25<br>29 | П    | 26<br>30b |
|                         | y Information copied from such Reports and Staten  |  |          |                 |           |                    |                            |                   |      |          | 5    |           |
| or                      | for commercial purposes, other than using the nam  | e and address of any politica                  | al comi  | nittee to       | solicit   | contrib            | utions fr                  | om such           | comi | nittee   |      |           |
|                         | NAME OF COMMITTEE (In Full)  |  |          |                 |           |                    |                            |                   |      |          |      |           |
| /                       | American College of Radiology Associatio   | n  |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | Full Name (Last, First, Middle Initial)  |  |          |                 | -         | Transa             | ction ID                   | : 134542          | 282  |          |      |           |
| ۹.                      | Friends of Max Baucus  |  |          |                 |           |                    | Disburs                    |                   |      |          | 1/   |           |
|                         | Mailing Address Box 586  |  |          |                 |           | 0 <sup>3</sup> M   | / D                        | 2 /               | ` 2  | 0 Ď 6    | Y    |           |
|                         | City   | State Zip Code                                 |          |                 |           | Amoun              | t of Each                  | Disburs           | emer | t this F | erio | t         |
|                         | Helena Purpose of Disbursement   | MT 59624                                       | ı        |                 |           |                    |                            |                   |      | 1000.0   | 00   |           |
|                         | ruipose oi Dispuisement  |  |          | 011             |           |                    |                            |                   |      |          |      |           |
|                         | Candidate Name<br>Max Baucus   |  |          | tegory/         |           |                    |                            |                   |      |          |      |           |
|                         |  | ement For: 2008                                | <u> </u> | уре             | -         |                    |                            |                   |      |          |      |           |
|                         |  | Primary General                                |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | President  | Other (specify)                                |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | State: MT District: Full Name (Last, First, Middle Initial)  |  |          |                 |           |                    |                            |                   |      |          |      |           |
| 3.                      | Brian Bilbray For Congress   |  |          |                 |           |                    | <b>ction ID</b><br>Disburs | : 134542<br>ement | 280  |          |      |           |
|                         |  |  |          |                 |           | 0 3 M              |                            | 0 2 /             | Υ ,  | 0 Ď 6    | Υ    |           |
|                         | Mailing Address 2466 Unicornio St  |  |          |                 |           | 0.3                |                            | 12                |      | 006      |      |           |
|                         | City<br>Carlsbad   | State Zip Code CA 92009                        |          | Amoun           | t of Each | n Disburs          | emer                       | t this F          | erio | d        |      |           |
| Purpose of Disbursement |  |  |          |                 |           |                    |                            |                   | . 2  | 2000.0   | 00   |           |
|                         |  |  |          | 011             |           |                    |                            |                   |      |          |      |           |
|                         | Candidate Name<br>Mr. Brian Bilbray  |  | 1        | tegory/<br>Type |           |                    |                            |                   |      |          |      |           |
|                         | Office Sought: X House Disburse  | ement For: 2006                                |          | 7,60            |           |                    |                            |                   |      |          |      |           |
|                         |  | Primary General                                |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | President State: CA District: 50   | Other (specify) ▼                              |          |                 |           |                    |                            |                   |      |          |      |           |
| _                       | Full Name (Last, First, Middle Initial)  |  |          |                 | Η.        | Transa             | ction ID                   | : 134542          | 284  |          |      |           |
| ).                      | Voice for Freedom  |  |          |                 |           |                    | Disburs                    |                   |      |          |      |           |
|                         | Mailing Address 2451 Cumberland Parkw  | ay Suite 326                                   |          |                 |           | 0 <sup>M</sup> 3 M | / D                        | ) 2 /             | Ý    | 0 ŏ 6    | Y    |           |
|                         | City   | State Zip Code                                 |          |                 |           | Amoun              | t of Fach                  | n Disburs         | emer | t this F | erio |           |
|                         | Atlanta  | GA 30339                                       |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | Purpose of Disbursement  |  |          | 011             |           |                    |                            |                   | - 2  | 2000.0   | )0   |           |
|                         | Candidate Name   |  |          | tegory/         |           |                    |                            |                   |      |          |      |           |
|                         | Office Cought  | amont For                                      | 1        | уре             |           |                    |                            |                   |      |          |      |           |
|                         | Office Sought: House Disburse Senate   | ement For:  Primary General                    |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | President  | Other (specify)                                |          |                 |           |                    |                            |                   |      |          |      |           |
|                         | State: District:   |  |          |                 |           |                    |                            |                   |      |          |      |           |
| s                       | UBTOTAL of Disbursements This Page (optional)  |  |          | ▶               |           |                    |                            |                   | 5    | 000.0    | 0    |           |
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| S          | CHEDULE B (FEC Form 3X)   | llse sene                     | erate schedule(s)               |   |    |               |          | NUMBE            | R:    |        |     |                | PAGE   | 23 /              | 29             |
|------------|---|-------------------------------|---------------------------------|---|----|---------------|----------|------------------|-------|--------|-----|----------------|--------|-------------------|----------------|
| IT         | EMIZED DISBURSEMENTS  | for each                      | category of the<br>Summary Page |   | Г  | check         | _        | one)<br>T 22     | Гх    | 23     | Г   | ¬ 2            | 4 Г    | 7 25              | ☐ 26           |
|            |   |                               |                                 |   | t  | 27            |          | 28a              |       | 28b    |     | 2              | .8c    | 29                | 30k            |
|            | y Information copied from such Reports and Staten<br>for commercial purposes, other than using the name |                               |                                 |   |    |               |          |                  |       |        |     |                |        |                   |                |
| ļ.         | NAME OF COMMITTEE (In Full)   |                               | 50 0. a, po                     |   |    |               |          |                  |       |        |     |                |        |                   |                |
| $ \rangle$ | American College of Radiology Association   | n                             |                                 |   |    |               |          |                  |       |        |     |                |        |                   |                |
| Α.         | Full Name (Last, First, Middle Initial) Mccrery For Congress Committee                                  |                               |                                 |   |    |               |          | Trans<br>Date    |       |        |     |                | 54286  |                   |                |
|            | Mailing Address Post Office Box 52956 333 Texas Street Suite 1  | 900                           |                                 |   |    |               |          | 0 <sup>M</sup> 3 | М     | / D    | 0 7 | <sup>D</sup> / | Y      | ž 0 Ŏ             | 6 <sup>Y</sup> |
|            |   | State<br>LA                   | Zip Code<br>71135               |   |    |               |          | Amou             | ınt c | of Eac | h D | Disbu          | ırseme | nt this           | Period         |
|            | Purpose of Disbursement   |                               |                                 | Г | Ç  | 11            | 7        |                  |       |        | -   |                |        | 1000.             | .00            |
|            | Candidate Name<br>Rep. Jim McCrery  |                               |                                 | С |    | egory/<br>ype |          |                  |       |        |     |                |        |                   |                |
|            | Senate X President  | ement For: Primary Other (spe | 2006 General                    |   |    |               |          |                  |       |        |     |                |        |                   |                |
| _          | State: LA District: 4   |                               |                                 |   |    |               |          |                  |       |        |     |                |        |                   |                |
| В.         | Full Name (Last, First, Middle Initial)<br>Schakowsky For Congress                                      |                               |                                 |   |    |               |          | Date             | of D  | isbur  | sen | nent           |        |                   |                |
|            | Mailing Address P.O. Box 5130   |                               |                                 |   |    |               |          | 0 <sup>M</sup> 3 | М     | / D    | 0 7 | 7              | Y      | ž 0 Ŏ             | 6 <sup>Y</sup> |
|            | City<br>Evanston  | State<br>IL                   | Zip Code<br>60204               |   |    |               |          | Amou             | ınt c | f Eac  | h D | Disbu          | ırseme |                   |                |
|            | Purpose of Disbursement   |                               |                                 | Т |    | 11            |          |                  |       | -      |     |                |        | 2500.             | .00            |
|            | Candidate Name<br>Rep. Janice D. Schakowsky   |                               |                                 | С | at | egory/<br>ype | _        |                  |       |        |     |                |        |                   |                |
|            |   | ement For: Primary Other (spe | 2006<br>General                 |   |    |               |          |                  |       |        |     |                |        |                   |                |
|            | State: IL District: 9   |                               | ·<br>                           |   |    |               |          |                  |       |        |     |                |        |                   |                |
| C.         | Full Name (Last, First, Middle Initial) Prosperity Helps Inspire Liberty Political A                    | ction                         |                                 |   |    |               |          | Date             | of D  | isbur  | sen | nent           | 54252  |                   |                |
|            | Mailing Address PO Box 26366  |                               |                                 |   |    |               |          | 0 <sup>M</sup> 3 | М     | / D    | 0 7 | 7              | Y      | žoŏ               | 6 <sup>Y</sup> |
|            | City<br>Alexandria  | State<br>VA                   | Zip Code<br>22313               |   |    |               |          | Amou             | ınt c | f Eac  | h D | Disbu          | ırseme | -                 |                |
|            | Purpose of Disbursement   |                               |                                 | Г | _  | 11            | ٦l       |                  | -     | -      |     | -              |        | 1000.             | .00            |
|            | Candidate Name  |                               |                                 |   | at | egory/<br>ype | _        |                  |       |        |     |                |        |                   |                |
|            | Senate President  | ement For: Primary Other (spe | General cify) ▼                 |   |    |               |          |                  |       |        |     |                |        |                   |                |
|            | State: District:  |                               |                                 |   |    |               |          |                  |       |        | _   |                |        |                   |                |
| s          | UBTOTAL of Disbursements This Page (optional)   |                               |                                 |   |    |               | <b>•</b> |                  |       |        |     |                |        | <del>1</del> 500. | 00             |
| _          | OTAL This Period (last page this line number only)  |                               |                                 |   |    |               | _        |                  | -     |        |     |                |        |                   |                |

| Transaction ID: 13454287    District   State   No.   District   State   CT    |           | CHEDULE B (FEC Form 3X)                       |                | erate schedule(s) |   |     | OR LI    |   | IUMBE<br>one) | R:    |       |      | P     | AGE        | 24 /    | 29             |
|---|-----------|---|----------------|-------------------|---|-----|----------|---|---------------|-------|-------|------|-------|------------|---------|----------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee    NAME OF COMMITTEE (In Full)  | -         | EMIZED DISBURSEMEN IS                         |                |                   |   |     |          |   |               | X     |       |      |       | ; <u> </u> | 1       | 30             |
| NAME OF COMMITTEE (In Full)   American College of Radiology Association   |           |   |                |                   |   |     |          |   |               |       |       |      |       |            |         | IS             |
| Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc  Mailing Address PO Box 2918  City State Zip Code Raleigh NC 27602 Purpose of Disbursement Candidate Name Sen. Elizabeth Dole Office Sought: Version State: Versi | $\vdash$  |   |                | 71                |   |     |          |   |               |       |       |      |       |            |         |                |
| A Elizabeth Dole Committee Inc  Mailing Address PO Box 2918  City Raleigh State Zip Code Raleigh NC 27602  Purpose of Disbursement  Candidate Name Sen. Elizabeth Dole  Office Sought: House President State: NC District: 1  Full Name (Last, First, Middle Initial)  B. Johnson For Congress Committee  Mailing Address P. O. Box 1986  City New Britain Senate Rep. Nancy L. Johnson  Office Sought: Y House Office Sought: State Zip Code CT 06050  Purpose of Disbursement  Candidate Name Rep. Nancy L. Johnson  Office Sought: Y House Senate President State: CT District: 5  Full Name (Last, First, Middle Initial)  State: CT District: 5  Full Name (Last, First, Middle Initial)  Cardidate Name Rep. Nancy L. Johnson  Office Sought: X House Senate President State: CT District: 5  Full Name (Last, First, Middle Initial)  Creating Address PO Box 968  City State Zip Code CT 06050  Transaction ID: 13454289  Date of Disbursement ID: 13 | $\rangle$ | American College of Radiology Associatio      | n              |                   |   |     |          |   |               |       |       |      |       |            |         |                |
| City Ralleigh NC 27602 Purpose of Disbursement Candidate Name Sen. Elizabeth Dole Office Sought: X House Nalling Address P. O. Box 1986 City Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Name Rep. Nanoy L. Johnson Office Sought: X House Senate President State: CT District: 5  Full Name (Last, First, Middle Initial) President State: CT District: 5  Full Name (Last, First, Middle Initial) Candidate Name Rep. Nanoy L. Johnson Office Sought: X House Senate President State: CT District: 5  Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968  City Melbourne File 32902 Firends Of Disbursement Candidate Name Rep. Dave Weldon, M.D. Candidate Name Rep. Dave Weldon, M.D. Candidate Name Rep. Dave Weldon, M.D. Office Sought: X House Senate Purpose of Disbursement Candidate Name Rep. Dave Weldon, M.D. Category/ Type  Transaction ID: 13454289 Date of Disbursement  O11 Category/ Type  Transaction ID: 13454289 Date of Disbursement  O3 M O  | Α.        |   |                |                   |   |     |          |   |               |       |       |      |       | 287        |         |                |
| Raleigh Purpose of Disbursement Office Sought:  |           | Mailing Address PO Box 2918                   | ss PO Box 2918 |                   |   |     |          |   |               |       |       | 0 7  | ′ [   | Y          | δο δ (  | 6 Y            |
| Purpose of Disbursement  Candidate Name Sen. Elizabeth Dole  Office Sought:   |           |   |                |                   |   |     |          |   | Amou          | ınt o | f Eac | h Di | sburs | emer       | nt this | Period         |
| Cartegory/ Type  Office Sought: House   |           |   |                |                   | Г | 0   | 11       | ī |               |       |       |      |       |            | 1000.   | 00             |
| State: NC District: 1  Full Name (Last, First, Middle Initial)  B. Johnson For Congress Committee  Mailing Address P. O. Box 1986  City New Britain CT 06050  Purpose of Disbursement  Candidate Name Rep. Nancy L. Johnson  Office Sought: X House President State: CT District: 5  Full Name (Last, First, Middle Initial)  C. Friends Of Dave Weldon  Mailing Address PO Box 968  City State Zip Code CT 06050  Purpose of Disbursement For: 2006  Category/ Type  Other (specify) ▼  Transaction ID: 13454288  Date of Disbursement this Pe Category/ Type  Other (specify) ▼  Transaction ID: 13454288  Date of Disbursement this Pe Category/ Type  Transaction ID: 13454289  Date of Disbursement this Pe Category/ Type  Transaction ID: 13454289  Date of Disbursement ID: 13454289  Date of Disbursemen |           |   |                |                   |   | ate | gory/    |   |               |       |       |      |       |            |         |                |
| Full Name (Last, First, Middle Initial) Johnson For Congress Committee  Mailing Address P. O. Box 1986  City New Britain Purpose of Disbursement Candidate Name Rep. Nancy L. Johnson Office Sought:  State: CT District: 5  Full Name (Last, First, Middle Initial) Ct. Friends Of Dave Weldon Mailing Address PO Box 968  City Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D. Office Sought:  X House State: Zip Code X Primary General Other (specify) ▼  Amount of Each Disbursement this Pe  Transaction ID: 13454288 Date of Disbursement this Pe  Transaction ID: 13454288 Date of Disbursement this Pe  Amount of Each Disbursement  Office Sought:  Amount of Each Disbursement  Office Sought:  X Primary General Disbursement this Pe  Transaction ID: 13454289 Date of Disbursement  Office Sought:  X Primary General Disbursement this Pe  Transaction ID: 13454288 Date of Disbursement  Office Sought:  X Primary General Disbursement this Pe  X Primary General Disbursement For: 2006 X Primary General Disbursement For: 2006 X Primary General Disbursement For: 2006 Disbursement Fo |           | χ Senate X                                    | Primary        | General           |   |     |          |   |               |       |       |      |       |            |         |                |
| B. Johnson For Congress Committee  Mailing Address P. O. Box 1986  City New Britain Purpose of Disbursement Candidate Name Rep. Nancy L. Johnson Office Sought:   |           |   |                |                   |   |     |          |   |               |       |       |      |       |            |         |                |
| Mailing Address P. O. Box 1986  City New Britain  Candidate Name Rep. Nancy L. Johnson  Office Sought:  X House President State: CT District: 5  Full Name (Last, First, Middle Initial)  City Mailing Address PO Box 968  City Melbourne Purpose of Disbursement  Candidate Name Rep. Dave Weldon  Mailing Address PO Box 968  City Melbourne Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought:  X House Senate President State: CT District: 5  State Zip Code FL 32902  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Pe  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement this Pe  Amount of Each Disbursement  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Pe  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Pe  Amount of Each Disbursement this Pe  Category/ Type  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Pe  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Pe  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Pe  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Pe  | В.        | ,   |                |                   |   |     |          |   | Date          | of Di | isbur | sem  | ent   |            | /       | V              |
| New Britain CT 06050  Purpose of Disbursement  Candidate Name Rep. Nancy L. Johnson  Office Sought:   |           | Mailing Address P. O. Box 1986                |                |                   |   |     |          |   | 0 3           | IVI   |       |      |       |            | 000     | 3 <sup>'</sup> |
| Candidate Name Rep. Nancy L. Johnson  Office Sought:  |           |   |                |                   |   |     |          |   | Amou          | ınt o | f Eac | h Di | sburs |            |         |                |
| Candidate Name Rep. Nancy L. Johnson  Office Sought:  |           | Purpose of Disbursement                       |                |                   |   | 0   | 11       |   | L             | -     | _     | -    | -     |            | 1500.   | 00             |
| Senate President Other (specify) ▼  State: CT District: 5  Full Name (Last, First, Middle Initial) C. Friends Of Dave Weldon  Mailing Address PO Box 968  City State Zip Code Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President State: FL District: 15  X Primary General Other (specify) ▼  Transaction ID: 13454289 Date of Disbursement  Mailing Address PO Box 968  Transaction ID: 13454289 Date of Disbursement  0 3 M / 0 9 / 2 0 0 6 M  Amount of Each Disbursement this Perecond Senate President Other (specify) ▼  State: FL District: 15  |           |   |                |                   |   |     |          |   |               |       |       |      |       |            |         |                |
| Full Name (Last, First, Middle Initial) Friends Of Dave Weldon  Mailing Address PO Box 968  City State Zip Code Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President State: FL District: 15  Transaction ID: 13454289 Date of Disbursement  0 3 M / 0 9 D / Y 2 0 0 6 Y  Amount of Each Disbursement this Permander of the properties of Disbursement for: 2006  X Primary General Other (specify) Total Category (State: FL District: 15  |           | Senate X President                            | Primary        | General           |   |     |          |   |               |       |       |      |       |            |         |                |
| C. Friends Of Dave Weldon  Mailing Address PO Box 968  City State Zip Code Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President State: FL District: 15  Date of Disbursement  Amount of Each Disbursement this Perpose of Disbursement For: 2006  X Primary General Other (specify) Type   |           |   |                |                   |   |     |          |   |               |       |       |      |       |            |         |                |
| Mailing Address PO Box 968  City State Zip Code Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President President State: FL District: 15  Disbursement For: 2006 Senate Other (specify) ▼  State: FL District: 15   | C.        |   |                |                   |   |     |          |   | Date          | of Di | isbur | sem  | ent   |            | /       | V              |
| Melbourne FL 32902  Purpose of Disbursement  Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President President State: FL District: 15  Disbursement For: 2006  X Primary General Other (specify) ▼   |           | Mailing Address PO Box 968                    |                |                   |   |     |          |   | 0 3           | IVI . |       | 0 9  | ] [   |            | 000     | 5 <sup>'</sup> |
| Candidate Name Rep. Dave Weldon, M.D.  Office Sought: X House Senate President State: FL District: 15  Disbursement For: 2006 X Primary General Other (specify)  Other (specify)  |           |   |                |                   |   |     |          |   | Amou          | ınt o | f Eac | h Di | sburs |            |         |                |
| Rep. Dave Weldon, M.D.  Office Sought: X House Senate President State: FL District: 15  Disbursement For: 2006 Seneral Other (specify)  Other (specify)   |           | Purpose of Disbursement                       |                |                   |   | 0   | 11       |   | L.            |       |       |      |       |            | 1000.   | 00             |
| Senate  |           |   |                |                   |   |     |          |   |               |       |       |      |       |            |         |                |
| 0500 00   |           | Senate X President                            | Primary        | General           |   |     |          |   |               |       |       |      |       |            |         |                |
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| ľ                     | EMIZED DISBURSEMENTS                               | for each category of the Detailed Summary Page | F    | 21b<br>27     |                   | · -         | X 23<br>28b         | $\Box$         | 24<br>28c | _      | 25<br>29 | 26     |
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|                       | NAME OF COMMITTEE (In Full)                        |  |      |               |                   |             |                     |                |           |        |          |        |
| /                     | American College of Radiology Association          | 1  |      |               |                   |             |                     |                |           |        |          |        |
|                       | Full Name (Last, First, Middle Initial)            |  |      |               | -                 | Transa      | ction IE            | <b>)</b> : 134 | 15429     | 0      |          |        |
| ۱.                    | Cantor For Congress                                |  |      |               |                   | Date of     | Disburs             |                | nt        | · V    | V        | v .    |
|                       | Mailing Address P. O. Box 17813                    |  |      |               |                   | 0,3 ,,      | ]                   | 0 9            |           | 2 0    | ó 6      |        |
|                       | City   | State Zip Code                                 |      |               |                   | Amoun       | t of Eac            | h Disl         | bursem    | nent t | his Pe   | eriod  |
|                       | Richmond Purpose of Disbursement                   | VA 23226                                       |      |               |                   |             |                     |                |           | 30     | 00.00    | )      |
|                       | rulpose of Disbursement                            |  |      | )11           |                   | -           | 1                   |                |           |        |          | -      |
|                       | Candidate Name                                     |  |      | egory/        |                   |             |                     |                |           |        |          |        |
|                       | Rep. Eric I. Cantor                                | ement For: 2006                                | T    | уре           |                   |             |                     |                |           |        |          |        |
|                       |  | Primary General                                |      |               |                   |             |                     |                |           |        |          |        |
|                       | President  | Other (specify)                                |      |               |                   |             |                     |                |           |        |          |        |
|                       | State: VA District: 7                              |  |      |               |                   |             |                     |                |           |        |          |        |
| 2                     | Full Name (Last, First, Middle Initial)            |  |      |               |                   |             | ction IE            | _              |           | 1      |          |        |
| •                     | Sue Kelly For Congress                             |  |      |               |                   |             | Disburs             |                | nt<br>/ 🔻 |        | V °      | v .    |
|                       | Mailing Address PO Box 599                         |  |      |               |                   | 0 3         | ]                   | 15             | ′ L'      | 2 0    | ó6       |        |
|                       | City<br>Katonah                                    | State Zip Code<br>NY 10536                     |      |               |                   | Amoun       | t of Eac            | h Disl         | bursem    | nent t | his Pe   | eriod  |
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|                       |  |  | Ç    | )11           |                   |             |                     |                |           |        |          |        |
|                       | Candidate Name<br>Rep. Sue W. Kelly                |  |      | egory/<br>ype |                   |             |                     |                |           |        |          |        |
|                       | Office Sought: X House Disburse                    | ment For: 2006                                 |      | 71            |                   |             |                     |                |           |        |          |        |
|                       |  | Primary General                                |      |               |                   |             |                     |                |           |        |          |        |
|                       | President State: NY District: 19                   | Other (specify)                                |      |               |                   |             |                     |                |           |        |          |        |
|                       | Full Name (Last, First, Middle Initial)            |  |      |               | -                 | <b>-</b>    |                     | 10.            | 45 404    |        |          |        |
| ).                    | Friends Of Roy Blunt                               |  |      |               |                   |             | ction IE<br>Disburs |                |           | U      |          |        |
|                       | Mailing Address PO Box 50100                       |  |      |               |                   | 0 3 M       | / D                 | 15             | / Y       | ž      | ó6       | Y      |
|                       | Mailing Address PO Box 50100                       |  |      |               |                   | 00          |                     |                |           |        | . 0 0    |        |
|                       | City<br>Springfield                                | State Zip Code<br>MO 65805                     |      |               |                   | Amoun       | t of Eac            | h Disl         | bursem    | nent t | his Pe   | eriod  |
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|                       | Candidate Name                                     |  |      | egory/        |                   |             |                     |                |           |        |          |        |
|                       | Rep. Roy Blunt  Office Sought: X House Disburse    | ement For: 2006                                | Т    | уре           |                   |             |                     |                |           |        |          |        |
|                       | ·  | Primary General                                |      |               |                   |             |                     |                |           |        |          |        |
|                       | President  | Other (specify) ▼                              |      |               |                   |             |                     |                |           |        |          |        |
|                       | State: MO District: 7                              |  |      |               |                   |             |                     |                |           |        |          |        |
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| IT        | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page  |         | Ė    | 21b<br>27     | H      | 22<br>28a        | X     | 23<br>28b      | П      | 24<br>28c | Н     | 25<br>29 | 26<br>30b      |
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| VI        | NAME OF COMMITTEE (In Full)  | e and address of any politic                    | ai COII | 1111 | iillee lo     | SOIICI | it COIIti        | ibuti | 0115 11        | OIII S | sucii c   | OHIII | iiillee  |                |
| $\rangle$ | American College of Radiology Association  | n   |         |      |               |        |                  |       |                |        |           |       |          |                |
| _         | Full Name (Last, First, Middle Initial)  |   |         |      |               |        | Trans            | acti  | on ID          | : 134  | 4543      | 09    |          |                |
| Α.        | Boyd For Congress  |   |         |      |               |        |                  | _     | sburs          |        | nt        |       |          |                |
|           | Mailing Address P.O. Box 15703   |   |         |      |               |        | 0 3              | M     | <sup>/</sup> 1 | 15     | / L       | ž     | o ŏ      | 3 <sup>*</sup> |
|           | City Tallahassee   | State Zip Code<br>FL 32317                      |         |      |               |        | Amou             | nt o  | f Each         | n Dis  | burse     | men   | t this   | Period         |
|           | Purpose of Disbursement  | FL 32317  | 1_      | _    |               |        |                  |       |                |        |           | 1     | 000.     | 00             |
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|           | Candidate Name<br>Mr. F Allen Boyd   |   |         |      | egory/<br>ype |        |                  |       |                |        |           |       |          |                |
|           | Senate X President   | ement For: 2006 Primary General Other (specify) |         |      |               |        |                  |       |                |        |           |       |          |                |
| _         | State: FL District: 2  |   |         |      |               |        |                  |       |                |        |           |       |          |                |
| В.        | Full Name (Last, First, Middle Initial) Leadership in the New Century (LINC PAC                      | ;)  |         |      |               |        |                  | of Di | sburs          | eme    |           |       | * 7/     | V              |
|           | Mailing Address 818 Connecticut Avenue NW Ste. 110   |   |         |      |               |        | 0 <sup>M</sup> 3 | M     | <sup>/</sup> 1 | 16     | / L       | ž     | οŏ       | 6 <sup>Y</sup> |
|           | City<br>Washington   | State Zip Code DC 20006                         |         |      |               |        | Amou             | nt o  | f Each         | n Dis  | burse     |       |          | Period         |
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|           | Candidate Name   |   | Ca      | at   | egory/<br>ype |        |                  |       |                |        |           |       |          |                |
|           | Office Sought: House Disburse Senate President State: District:                                      | ement For: Primary General Other (specify)      | •       |      |               |        |                  |       |                |        |           |       |          |                |
| C.        | Full Name (Last, First, Middle Initial) David Vitter For Congress                                    |   |         |      |               |        | Trans            |       | -              |        |           | 15    |          |                |
|           | Mailing Address P.O. Box 8175  |   |         |      |               |        | 0 <sup>M</sup> 3 | M     | / D            | 16     | / Y       | ž     | οŏ       | 3 Y            |
|           | City<br>Metairie   | State Zip Code<br>LA 70011                      |         |      |               |        | Amou             | nt o  | f Each         | n Dis  | burse     | -     |          |                |
|           | Purpose of Disbursement  |   |         | 0    | 11            |        | <u></u>          | -     |                |        |           | _ 1   | 000.     | 00             |
|           | Candidate Name<br>Mr. David Vitter   |   |         |      | egory/<br>ype |        |                  |       |                |        |           |       |          |                |
|           | Senate X President   | ement For: 2010 Primary General Other (specify) | •       |      |               |        |                  |       |                |        |           |       |          |                |
|           | State: LA District: 1  |   |         |      |               |        | _                |       |                | -      |           |       |          |                |
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|                       | EMIZED DISBURSEMENTS                                  | for each category of the<br>Detailed Summary Page |         | 21b<br>27   |          | · -            | X 23<br>28b          | 24<br>28c         | F       | 25<br>29 | П    | 26<br>30b |
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|                       | or commercial purposes, other than using the name     | e and address of any politica                     | al comi | mittee to s | solicit  | contrib        | utions fr            | om such           | comr    | nittee   |      |           |
|                       | NAME OF COMMITTEE (In Full)                           |   |         |             |          |                |                      |                   |         |          |      |           |
| /                     | American College of Radiology Association             | 1   |         |             |          |                |                      |                   |         |          |      |           |
|                       | Full Name (Last, First, Middle Initial)               |   |         |             | 1        | ransac         | ction ID:            | 134543            | 316     |          |      |           |
| ۱.                    | Lindsey Graham For Senate                             |   |         |             | ı        |                | Disburs              |                   |         |          |      |           |
|                       | Mailing Address PO Box 1801                           |   |         |             |          | 0 3 M          | / D                  | 8 /               | ž       | 0 Ď 6    | Y    |           |
|                       | City  | State Zip Code                                    |         |             | ,        | Amount         | of Each              | Disburse          | emen    | t this F | erio | d         |
|                       | Columbia  | SC 29202  |         |             | -        |                |                      |                   | 3       | 2500.0   | າດ   |           |
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|                       | Candidate Name  |   | _       | tegory/     |          |                |                      |                   |         |          |      |           |
|                       | Sen. Lindsey O. Graham                                |   |         | Гуре        |          |                |                      |                   |         |          |      |           |
|                       |   | ment For: 2008                                    |         |             |          |                |                      |                   |         |          |      |           |
|                       |   | Primary General                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | President State: SC District: 1                       | Other (specify)                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | Full Name (Last, First, Middle Initial)               |   |         |             | <u> </u> |                |                      | 10100             |         |          |      |           |
|                       | Moore For Congress                                    |   |         |             |          |                | ction ID:<br>Disburs | : 134602<br>ement | 269     |          |      |           |
|                       |   |   |         |             |          |                |                      |                   | ΥΥ      | Y        | Υ    |           |
|                       | Mailing Address PO Box 16646                          |   |         |             |          | 0 3 M          | 2                    | 2 <b>6</b> /      | . 2     | 0 Ď 6    |      |           |
|                       | City<br>Milwaukee                                     | State Zip Code<br>WI 53216                        |         |             | ,        | Amount         | of Each              | Disburse          | emen    | t this F | erio | d         |
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|                       | Rep. Gwen Moore                                       |   | 7       | Гуре        |          |                |                      |                   |         |          |      |           |
|                       |   | ment For: 2006                                    |         |             |          |                |                      |                   |         |          |      |           |
|                       |   | Primary General                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | President State: WI District: 4                       | Other (specify)                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | Full Name (Last, First, Middle Initial)               |   |         |             | _        | <b>.</b>       |                      | 10.45.45          | - 4 -   |          |      |           |
|                       | Democratic Congressional Campaign Con                 | ımittee   |         |             |          |                | ction ID:<br>Disburs | : 134545<br>ement | 045     |          |      |           |
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|                       | Mailing Address 430 South Capitol Street<br>2nd Floor | Southeas  |         |             |          | 0,3            | 2                    | 8 8               | 2       | 006      |      |           |
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|                       |   |   |         | Гуре        |          |                |                      |                   |         |          |      |           |
|                       | Office Sought: House Disburse                         | ment For:   | •       |             |          |                |                      |                   |         |          |      |           |
|                       | Senate  | Primary General                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | President   | Other (specify)                                   |         |             |          |                |                      |                   |         |          |      |           |
|                       | State: District:                                      |   |         |             |          |                |                      |                   |         |          |      |           |
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| TEMPED BIODURGEMENTS   | Use seperate schedule(s)                             |      | check or           | nly one) |           |         |                |           |       |          | 3    |               |
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| TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page    |      | 21b<br>27          | Á        | 22<br>28a | _       | 23<br>28b      | 24<br>28c | F     | 25<br>29 | П    | 26<br>30b     |
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| NAME OF COMMITTEE (In Full)  |  |      |                    |          |           |         |                |           |       |          |      |               |
| American College of Radiology Associa  | ion  |      |                    |          |           |         |                |           |       |          |      |               |
| Full Name (Last, First, Middle Initial)  |  |      |                    | -        | Transa    | ctio    | n ID:          | 134850    | )79   |          |      |               |
| Freedom Fund   |  |      |                    |          | Date of   | _       |                |           | V • V |          | V    |               |
| Mailing Address 1155 21st St., N.W. Suite 300  |  |      |                    |          | 0,3       |         | <sup>D</sup> 2 | 8 ′       | 2     | 0 Ď 6    |      |               |
| City<br>Washington   | State Zip Code<br>DC 20036                           |      |                    |          | Amour     | nt of E | Each           | Disburs   | emen  | t this P | erio | k             |
| Purpose of Disbursement  | 20000  |      |                    | -        |           | ۰       |                |           | 2     | 2000.0   | 00   |               |
|  |  | Ŏ    | 11                 |          |           |         |                |           |       |          |      |               |
| Candidate Name   |  |      | egory/<br>vpe      |          |           |         |                |           |       |          |      |               |
| Senate President   | rsement For: Primary General Other (specify)         |      |                    |          |           |         |                |           |       |          |      |               |
| State: District:   |  |      |                    |          |           |         |                |           |       |          |      |               |
| Full Name (Last, First, Middle Initial)  A Lot Of People Who Support Jeff Binga                      | oman   |      |                    | - 1      |           |         |                | 134543    | 319   |          |      |               |
| A Lot Of People Who Support Jeff Birigs  | aman   |      |                    |          | Date of   | _       |                |           | Y Y   | Y        | Υ    |               |
| Mailing Address PO Box 16210   |  |      |                    |          | 0 3       |         | 2              | 9         | 2     | 0 Ď 6    |      |               |
| City<br>Albuquerque  | State Zip Code<br>NM 87191                           |      |                    |          | Amour     | nt of E | Each           | Disburs   | emen  | t this P | erio | ţ             |
| Purpose of Disbursement  |  | _    | •                  |          |           |         |                |           |       | 000.0    | 00   |               |
| Candidate Name   |  | _    | 11                 |          |           |         |                |           |       |          |      |               |
| Sen. Jeff Bingaman   | '  |      | egory/<br>vpe      |          |           |         |                |           |       |          |      |               |
| Office Sought:    House   Disbu  | rsement For: 2006  X Primary General Other (specify) |      | ·                  |          |           |         |                |           |       |          |      |               |
| Full Name (Last, First, Middle Initial)  |  |      |                    | +.       | Tuonos    | atia    | - ID:          | 104540    | 210   |          |      | _             |
| Mike Thompson For Congress   |  |      |                    |          | Date of   | f Disl  | burse          | D /       |       | Y        | Υ    |               |
| Mailing Address 5429 Madison Avenue  |  |      |                    |          | 0 3       |         | 2              | 9         | 2     | 0 Ď 6    |      |               |
| City<br>Sacramento   | State Zip Code<br>CA 95841                           |      |                    |          | Amour     | nt of E | Each           | Disburs   | -     |          |      | t             |
| Purpose of Disbursement  |  |      | 4.4                |          | L.        |         |                |           | 1     | 000.0    | 00   | ╝             |
| Candidate Name<br>Rep. Michael Thompson  |  | Cate | 11<br>egory/<br>pe |          |           |         |                |           |       |          |      |               |
| Office Sought:  X House Senate President State: CA District: 1                                       | rsement For: 2006  X Primary General Other (specify) |      |                    |          |           |         |                |           |       |          |      |               |
|  | 51)  |      |                    |          |           | •       | •              | •         | 4     | 000.0    | 0    | $\overline{}$ |
| SUBTOTAL of Disbursements This Page (options   | ai)  |      |                    |          | -         | -       | -              | • •       | -     | -        |      | ╡             |
| TOTAL This Period (last page this line number or   | nlv)   |      | •                  |          |           |         |                |           | 48    | 500.0    | 0    |               |

| S        | CHEDULE B (FEC Form 3X)                           |                                  |                 | LEODLINE             | AU MADED  |             |  |  |  |  |  |
|----------|---|----------------------------------|-----------------|----------------------|---|-------------|--|--|--|--|--|
|          | · ·   | Use seperate s                   |                 | FOR LINE (check only |   |             |  |  |  |  |  |
| П        | EMIZED DISBURSEMENTS                              | for each category  Detailed Sumn |                 | 21b                  | ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐   | <b>1</b> 26 |  |  |  |  |  |
|          |   | Detailed Sulfill                 | nary rage       | 27                   | 28a 28b 28c X 29  | 30b         |  |  |  |  |  |
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| or       | for commercial purposes, other than using the nam | e and address of                 | any political c | committee to so      | licit contributions from such committee   |             |  |  |  |  |  |
| Λ        | NAME OF COMMITTEE (In Full)                       |                                  |                 |                      |   |             |  |  |  |  |  |
| 17       | American College of Radiology Associatio          | n                                |                 |                      |   |             |  |  |  |  |  |
| $\angle$ | E HALL OF A PERMITTING                            |                                  |                 |                      |   |             |  |  |  |  |  |
| A.       | Full Name (Last, First, Middle Initial)           |                                  |                 |                      | Transaction ID: 13454478  |             |  |  |  |  |  |
| Λ.       | Virginia Department of Taxation                   |                                  |                 |                      | Date of Disbursement  |             |  |  |  |  |  |
|          | Mailing Address P.O. Box 1500                     |                                  |                 |                      | $ \begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 5 \\ 0 & 5 \end{bmatrix} $ $ \begin{bmatrix} 0 & Y & Y & Y & Y & Y & Y & Y & Y & Y & $ |             |  |  |  |  |  |
|          |   |                                  |                 |                      |   |             |  |  |  |  |  |
|          | City  |                                  | Code            |                      | Amount of Each Disbursement this Period   | bc          |  |  |  |  |  |
|          | Richmond  | VA 23                            | 218-1500        |                      | 330.00  |             |  |  |  |  |  |
|          | Purpose of Disbursement<br>State Taxes            |                                  |                 | 001                  | 330.00  |             |  |  |  |  |  |
|          | Candidate Name                                    |                                  |                 | Category/            |   |             |  |  |  |  |  |
|          |   |                                  |                 | Type                 |   |             |  |  |  |  |  |
|          | Office Sought: House Disburse                     | ement For:                       | I               |                      | Ctata Taylor  |             |  |  |  |  |  |
|          | Senate  | Primary                          | General         |                      | State Taxes   |             |  |  |  |  |  |
|          | President   | Other (specify)                  | <b>▼</b>        |                      |   |             |  |  |  |  |  |
|          | State: District:                                  |                                  |                 |                      |   |             |  |  |  |  |  |
| ь        | Full Name (Last, First, Middle Initial)           |                                  |                 |                      | Transaction ID: 13911366  |             |  |  |  |  |  |
| В.       | Bank of America                                   |                                  |                 |                      | Date of Disbursement  |             |  |  |  |  |  |
|          | Mailing Address P.O. Box 27025                    |                                  |                 |                      | 03  |             |  |  |  |  |  |
|          | F.O. Box 27023                                    |                                  |                 |                      |   |             |  |  |  |  |  |
|          |   |                                  | Code            |                      | Amount of Each Disbursement this Period   | od          |  |  |  |  |  |
|          | Richmond  | VA 23                            | 261-7025        |                      | 571.00  |             |  |  |  |  |  |
|          | Purpose of Disbursement Bank Fees                 | 004                              | 571.33          |                      |   |             |  |  |  |  |  |
|          | Candidate Name                                    |                                  |                 | 001                  |   |             |  |  |  |  |  |
|          | Candidate Name                                    |                                  |                 | Category/<br>Type    |   |             |  |  |  |  |  |
|          | Office Sought: House Disburse                     | ement For:                       |                 | . , , , ,            |   |             |  |  |  |  |  |
|          | Senate  | Primary                          | General         |                      | Bank Fees   |             |  |  |  |  |  |
|          | President   | Other (specify)                  | ▼               |                      |   |             |  |  |  |  |  |
|          | State: District:                                  |                                  | •               |                      |   |             |  |  |  |  |  |

| SUBTOTAL of Disbursements This Page (optional)      | <u> </u> | 901.33 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) |          | 901.33 |